

T-Cell Immunotherapy
Columvi (glofitamab-gxbm)
Effective 10/01/2026

Plan	☒ MassHealth UPPL ☐ Commercial/Exchange		Program Type	☒ Prior Authorization
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit			☐ Quantity Limit ☐ Step Therapy
Specialty Limitations	N/A			
Contact Information	Medical Benefit Pharmacy Benefit		Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A			

Overview

Columvi (glofitamab-gxbm) is a bispecific antibody that binds to CD20 expressed on the surface of B cells, and to CD3 receptor expressed on the surface of T cells. It is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified (NOS) or large B-cell lymphoma (LBCL) arising from follicular lymphoma, after two or more lines of systemic therapy.

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified (NOS) or large B-cell lymphoma (LBCL) arising from follicular lymphoma
2. Member is ≥ 18 years of age
3. Prescriber is a hematologist or oncologist
4. Appropriate dosing
5. Inadequate response or adverse reaction to TWO lines of systemic therapies (including at least one anti-CD20 monoclonal antibody) (Refer to NCCN guidelines for further information)

Continuation of Therapy

Resubmission by prescriber will infer a positive response to therapy.

Limitations

1. Initial approvals and reauthorizations will be granted for 6 months.

References

1. Columvi [package insert on the internet]. South San Francisco (CA): Genentech, Inc.; 2025 Jan.

Review History

2/14/24 – Created for P&T. Aligned with MH MB criteria. Effective 3/4/24

05/15/25 – Reviewed and updated for P&T. Performed annual medical criteria review. Updated formatting and references. Removed Appendix info regarding NCCN recommendations as the guideline is publicly accessible. Effective 6/1/25

09/09/26 – Reviewed and updated for P&T. Updated formatting and language. Effective 10/01/26

